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**The Iowa Blind History Archive
History of Blindness in Iowa - Oral History Project
Interview with [Name]
Conducted by [Name]
[Date]
Transcribed by [Name]**

NOTE: Any text included in brackets [] is information that was added by the narrator after reviewing the original transcript. Therefore, this information is not included in the audio version of the interview.

**Jo Ann Slayton, 68, Des Moines, Iowa
Louise Duvall
Louise Duvall's home
Friday, May 13, 2011**

Louise Duvall: The interviewer today is Louise Duvall and the narrator is Jo Ann Slayton of Des Moines, Iowa. The interview is being conducted in the home of Louise Duvall. The date is Friday, May 13, 2011. The relationship is that Jo

and I have known each other socially for twenty-five years, or so. This interview is part of the Iowa Department for the Blind's History of Blindness in Iowa, Oral history Project. Jo, do we have your permission to record this interview?

Jo Ann Slayton: Yes.

Duvall: All Right. Do you want to start by talking a little bit about your background? Where were you born? Where did you grow up?

Slayton: Okay. I was born in Winterset, Iowa February 28, 1943. Winterset is in Madison County, home of the covered bridges. So that makes me 68 years old. My parents were Al Jones and Blanche Painter-Jones. I was born when my father was in World War II, overseas in Germany. That was an interesting time for my mother. I had a sister that was, half-sister actually, that was six years older than I was. Her name was Eleanor. She is now deceased. We grew up, well, the first few years were in a small little house that my mother rented while my father was in the service. When he came home from the service, we moved in with my grandparents on a farm because my grandmother had a stroke. It allowed my mother to be the caregiver for my grandmother. So, we had many happy years kind of on the farm.

At that time, my parents noticed that my eyes would tear quite often, especially in sunlight or bright lights. I would duck my head, etc. The diagnosis was made of Congenital Glaucoma. At that time, they decided to send me to the residential school for the blind in Vinton, Iowa. I enrolled in kindergarten in 1948 and I graduated in 1961.

I had some vision, just very little vision, until I was about six or seven; could see colors and thought I saw quite well, but didn't at all. I mean, I was very legally blind, but I remember colors very vividly. I think mother tried to instill that in me when I was young. I loved to color, just different things she would always point out things to me specifically. And, a lot of things registered in my memory over the years. But, I lost all my vision at about age six or seven. I really don't remember quite when.

About age thirteen my eyes were really giving me problems. The ocular pressure up; very, very, very painful and no vision, so I opted to have my eyes removed at that time. I have actually had the same prosthesis all these years which is phenomenal. Usually, they last now-days about six or seven years I'm told. I'm very fortunate to have had the eyes that I have. That was quite a decision to make, but fortunately there were other children around me who had artificial eyes, so it didn't seem quite as appalling after talking with them and getting the feel for it; certainly wanting released of the pain.

I went through school doing a lot of the usual things that kids do in school. I loved singing, and in high school then joined the cheerleading section. I had a boyfriend at the time who was a wrestler, Creig Slayton. We dated for several years. He was a year ahead of me in school. We also did a lot of vocal recitals together. We were both in vocal music. We would sometimes go on the road to service groups and sing when the staff of the school would discuss the school for the blind and blindness, and so forth. So, we had outlets that way and getting away from the school and meeting other people. And, of course, we went to wrestling matches and went and presented chorus concerts and band

concerts, and so forth. I guess, I played the piccolo and the tympani in the band. I loved playing the piano also, so kind of had a musical background just by ear; just by my own amazement and enjoyment. I graduated in 1961 as I said.

Creig had graduated the year before me and he had entered into the Commission for the Blind, which had newly been organized by Kenneth Jernigan in the late '50s. Creig was one of the early students.

At that time, many of us at the school for the blind, which at that time had around 165 to 170 students who were, the majority of whom, were blind. That was the major disability at that time. But, we were very negative about the Commission for the Blind. I'm not certain why. Perhaps Mr. Jernigan, when he came to visit the school in an assembly one time, asked us in the room how many of us considered ourselves blind? I think there were two or three hands that went up. And, of course, the majority of us are blind, you know. Many of us totally blind, but we didn't raise our hand. We didn't exactly know what he meant by "consider yourselves blind." And, he had a white cane; long, white cane. And, of course, that was objectionable to me personally and to quite a few of us.

We didn't like to be identified as blind right off. We liked to try to pretend or fool people if we could when we were younger. This, of course, was quite a balancing act trying to pretend you could see. Then the person finding out that you couldn't see, that was embarrassing for them and really for us. Obviously, we weren't comfortable. We didn't want to be "blind;" and what I felt by thinking that was that I didn't want all of us, the misconceptions and connotations that are rolled up in that word or image or whatever, because, of course, I felt the way most of society felt about

blindness. I didn't want any part of that. I had learned to scrape and claw from an early age, I think, to hold my own and have my own equality as a totally blind child. Because at school, sometimes the partially sighted kids got to do more things than the totally blind kids; we observed that at an early age. When most of us would fight against that we wanted to do exactly what the other kids did if possible.

Graduation came; I'm not sure what I thought I was going to do. I was very good at typing. I had really worked at that. I was very fortunate in the summer my mother would rent a Royal manual typewriter for me. She came to Des Moines and rented it for three months while I was home for the summer; and a flute. I was able to practice those two things while I was home alone and she had to work.

My parents were divorced in, I think, 1951 or so when I was very young. So, mother was working as a waitress and that was very hard for her to do I'm sure, but very meaningful to me, as I spent many hours at home being able to play my flute and use my typewriter and listening to the radio a lot. Little soap opera fan. We didn't have TV then. So, with that skill of typing I always thought I might go into some kind of transcription or receptionist work. Of course, I had a boyfriend and we'd been going steady for several years. I envisioned being married and having a family and that kind of thing.

I did have a scholarship that my father had worked at getting for me from Madison County. However, it was a music scholarship and at that time, while I was interested in music, that isn't something I wanted to pursue as a profession or in college. So, I turned that down and wasn't even thinking about it; didn't even want to go there.

I was very negative about going into the Commission. I didn't want to use a long, white cane. None of us used those at school. I didn't use it in my home area. Of course, we knew the area of our school very well, and usually when we went downtown or to church with some, it was usually someone else was with us, of course; even though we knew the church well. You know, we could walk around the church, and so forth, and downtown pretty well and knew our way downtown and back. The same as I knew my way to the store about five blocks away from my house. I did not use a cane.

Sometimes I remember as a child that was very, my mother was criticized a lot for allowing me to walk by myself in our small town without someone with me or without a cane I suppose. Same with mowing the yard or cooking when I'd want to cook something when she was at work. She had a lot of criticism that she had to put up with on behalf of allowing me to do those things. However, I think her very willingness to allow me to do that certainly did improve the quality of my life over the years and enhance my ability to learn and be the mother that I am today, and grandmother, whatever, homemaker.

I visited Creig at the Commission when I was in high school. My home then was in Des Moines. We had moved to Des Moines when I was about seventeen from Winterset. So, we had gone out a couple of times here in Des Moines when I was home for vacation, and I had the opportunity to observe him traveling independently and other students at the Center doing the same. That was a very, left a very big positive impression on me. When it came time then for me to make plans for my future, Joe Balderston was my Counselor. He encouraged me to, of course, come in to the

Commission. I am very happy I did. I entered the Commission in about June 14th, after graduation in May.

In the beginning, it was very difficult for me, emotionally. They had to talk to me a lot about how I felt about my blindness. Business class was pretty overwhelming at the time, because I was very negative about my blindness and accepting it--that it was okay to be blind. It took a while. It took...To get some of that negative out of me, and for me to then observe other students and mingle with them, and be able to be encouraged; actually accept my blindness for what it was. No more, no less than the lack of sight. Using alternatives or some other way of doing something wasn't necessarily wrong or bad, or made it inferior. That it was okay to be blind, as we say. Once you cross that threshold and accept your blindness and feel so comfortable in your skin, as I say, you just feel so comfortable. I just, it's overwhelming to be able to have that level of comfort. Not pretending anymore. Not feeling inferior. It's amazing. You feel like you really can go out and approach a career or live and work in your community and be equal.

15:00

Slayton: It doesn't matter that you do something in a different way to achieve the end result. I was at the Department, or the Commission. We called it the Commission for the Blind then. Now, it is called the Department for the Blind. I'll try to refer to it as the Department here on. I was there for a year. I was there in June and in April I was finished with the major part of my training as far as a student with the mobility, and Braille,

and typing, and so forth. I owe a lot to Jay Kuhler, who was the typing instructor at the time, who worked with me and encouraged me in my career.

It was decided in April that I might work in the Library for a while under Florence Grannis as her secretary or assistant, and learn kind of the ropes of being a secretary and receptionist. So, I worked for Florence for about three months and I was called Miss Jones. My maiden name was Jones. She was a very hard taskmaster, but she worked very, very hard herself. There were some very stressful days there for me to realize that I needed to get the work done and to be able to appropriate the work and in a timely manner. Figure out how to get it done, and so forth. Those were very impressionable years for me.

I then needed to start interviewing for jobs. During some of this time while I was working in the Library, I did look for jobs in the Des Moines area with insurance companies, and hospitals, and health care areas. My Counselor then at that time was Harold Carter. He was blind himself. We would often go to a company and we would have an interview “cold,” as he said. We would not make a previous appointment. We would just drop in to personnel and see if they were hiring at the time, and try to talk to someone in personnel or someone who would be hiring.

Some of those experiences were positive some were not. In that some of those employers were very willing to listen to you, very willing to let you actually demonstrate on a typewriter, and of course, there were all kinds of typewriters; some old clunkers and some fairly nice ones, and so forth. It was kind of interesting what you’d run into in that situation. But, and then some employers wouldn’t even allow you to show them that you could type or

demonstrate that you could do the job. They just knew it wasn't possible to be done, or they just glossed over it and dismissed you. And, you could usually tell when you left the office how, what the feeling was.

I also took a couple of tests at that time. The State Merit Test was one that would put you on the State Registry, and an employer would be looking for someone and he could go to that State Registry and see how someone scored and what the possibilities were for employing that person. I took that test and I honestly don't remember too much about the State Merit Test. I'm sure there was a question and answer plus the typing portion of it. At that time, you were not able to bring readers with you or provide your own reader. Usually, they would have to have that and sometimes it would be administrative personnel, management or something. It just kind of depended on who decided that they were going to administer the test. I placed high on the State Merit Test. So I thought, "Oh great." I was glad I had placed high, and that would mean that my name would be at the top of the Registry and I should be getting calls for interviews.

Well, weeks went by and no calls. John Taylor called over to find out why I wasn't getting any calls. It seems as though they felt that, at that time, if you were turned down, I think it was three times or maybe more, your name was taken off the register. And so, in their wisdom they felt that I would probably be turned down before I even had an interview and they would turn my name down, so they would have to take my name off the list. Well, of course, miscommunication. Perhaps, they felt that the Commission would maybe find an employer and get the job basically, and then the employer could reach me on the Register. I don't

know. But, there was miscommunication, and in those days, that was the way it worked. We did talk to them about putting me back on, putting my name back on the Register.

Then I had also taken a Civil Service Test for the Federal Government. I recall a gentleman coming over to the Department at the time, administering the test to me. I think his name was Mr. Turel. He gave me the test, and especially, I remember the typing part where I would be typing and he would be reading. And, I stamped my foot several times and one time stamped on his foot to try to get him to go faster. (Laughter)

Duvall: Because that's what you would have done if you had had a transcriber.

Slayton: If I'd had a transcriber, yeah. I would have wanted him to, go, go or back up or something. (Laughter) We had to laugh. At the time, I'm not sure how I scored on the Civil Services as far as the typing speed or whatever, and accuracy. But, I know Mr. Cooler had administered a test to me one time and he had told me that my score was 120 words per minute. So, I don't know; probably it wasn't that, I know it wasn't that on the Civil Service Test. But, one gets a little nerved up as well as having someone else administering the test, you know, all of the different parameters there.

Duvall: But, if he was a slow reader.

Slayton: Yes, and he was kind of. That's why I kept stomping so he'd speed up! (Laughter) So, and now-days that's not the case. You can bring your reader. I think the

test is administered in a different fashion. So, that's a positive thing; both State and Federal Registries.

On my Civil Service Test I had...You had a box where you could insert where you'd like to be employed. At the time, of course, Creig being a year ahead of me was at the University of Iowa in Iowa City, so, of course, I put Iowa City; which I was just dreaming. "Iowa City or overseas," I said, because in those days there was a lot of interest in the Peace Corp and in other things. And, I was very interested in serving overseas as well if I couldn't be where I wanted to be. So, I just kind of kept working up in the Library.

John Taylor went to Iowa City. I don't recall what, maybe, prompted him except that he, I guess, knew what I had circled in there. There was a Veteran's Administration Hospital in Iowa City at that time and, which would hire; which was a Federal Employer, of course. So, he went to the personnel section there and spoke with a J. P. McGuire, who was director of personnel at the time. Mr. McGuire had seen Creig and me on campus when I had gone down to Iowa City to visit Creig on a weekend. He recalled seeing us going across the Pentacrest, and he was very interested in my test and in hiring me. At that time, the government had a special appointment like a 700 hour, I think it was. A special appointment and I think you said Louise that, maybe, they still have that?

Duvall: Yes.

Slayton: Which is a good way to get your foot in the door. That way they can give you a trial run and if it doesn't work, I guess, they can release you without too much bureaucracy involved. You're not actually in their rolls. So, I had that

initial start. I...Robert Rucker, who was the Counselor in Cedar Rapids at that time, had shown me the bus routes in Iowa City. That's after I was accepted.

I must say that my salary, my beginning salary, while it's so low today to think about what it was, was extremely high compared to Des Moines area salaries and state salaries even. It was much higher than the state salaries, than the girls were even getting at the Department at that time. So, I was very, very fortunate and I was so excited I would have loved to have gone back to some of the people that I had interviewed with. 'Course I wasn't career status yet, but. (Laughter) Anyway, I had taken a very brief "Medical Terminology" course while I was a student. I would go to Methodist Hospital in the evenings and then walk home about 9:30 at night. Can you imagine? You wouldn't do that today, I doubt. But, in those days it was very easily done and nothing thought about it really. I thought that was a breeze. That was really, very interesting and easy, and so forth.

Well, I get to my job and when I started. I remember the first morning I got to work I can remember being in two and a half, three inch heels. Very tight sheath, short dress and of course I weighed about eighty pounds, and I had very long hair. It was July 23rd was my first day. I was there an hour, hour and a half ahead of time because I wanted to be sure to be on time. Wanted to make sure I caught the bus and got off the bus at the right place, and found my office. Of course, the door was locked and I had to stand in the hall for a long time. (Laughter) But anyway, it was really neat to meet the girls in the office. They ranged in ages; I was the youngest. I was only nineteen, I was very young. I think the next youngest was Edna Chillcoat, who then became my

very good friend over the years to this day. She's about seven years older than I was. And, then went on up older. We had a lot of elderly, a couple of elderly gals in there, too. Joan Winter was another good friend of mine. She was a couple of years older than Edna. We three, they invited me to go to coffee with them. I think I went with my Supervisor those first few days, then at some point Joan and Edna invited me to go with them. I was so glad to go with them. Coffee was a nickel then I remember, and in a china cup as well.

So, I had to start learning. In those days we had the electric typewriters, with the rayon or nylon ribbons. I had to learn to fill out forms; pretty general forms, admitting history and physical and a discharge summary. Had just a few little boxes at the top and the bottom with patient identification and then the middle part would be pretty much narrative; whatever the doctors dictated. It was pretty straight typing.

I would have to go up to my supervisor in the morning and get my work for the day. I would use a 3 x 5-card slate and take the information about each patient, and then paperclip it to the print card that was kept on each patient that was admitted. She would dictate the information to me that I would need for the forms that I would be filling out. At that time we had Lanier dictation equipment, and we had like little records. They almost looked like a 45-record. And, then after they were dictated on the machine up front then we would take those and put them on our desktop transcribers to do the transcription. I was very new. I didn't have a dictionary. I had to ask for assistance, and initially it was the Supervisor who would listen. We had a very close working relationship

30:00

Slayton: As far as back and forth, talking about the work, and she would tell me my errors and indicate what I needed to work on too. Then, as I became more experienced I would be on my own more and I would ask the other girls in the office to listen, which was okay if I spread it around a little bit. Because in the office each person, they count widgets, you know, and they count lines. So, everybody's on a production line. They're trying to make their production, as well as the quality of work is taken into account; the accuracy and production. Production was a big thing. So, you had to be very careful about asking for help. I Brailled many, many, many words in the beginning, of course, and I would take them home with me at night and study them. Then I'd come back the next day, and of course, I knew those words very well, knew how to spell them. A word that I can think of was duodenum or the next day another doctor would say "dooddenum." So, you had to learn how it was going to be pronounced several different ways.

Duvall: Then you'd better spell it for the typist.

Slayton: (Laughter) So, you had to learn what all that meant, you know. I was just very diligent about doing that and filing things alphabetically. I learned that it was much easier instead of taking home...When I took home the sheets of paper, the sheets of Braille paper, I don't know how many reams I went through. When I took them home then I learned to transfer them to a 3 x 5 card and put them in a card file because it was alphabetical then, and much easier

to slip in a new card and keep it in alphabetical order, and much quicker to find when you needed to reference it. Hopefully, you'd identify the word and be able to find it.

I had a lot of interesting opportunities. Someone pointed out to me the other day when I was speaking to a class that a Dr. Lawton who was a staff doctor at the hospital had performed the first kidney transplant in Iowa. I was fortunate enough to randomly be able to have gotten a hold of that operation and transcribed it. And, of course, I had no idea that anybody else knew that I had transcribed that particular surgery. But, he did and he asked the girl if she knew me and he talked about Jo Ann Slayton being blind and transcribing that operation, and so forth.

It's little...Sometimes you realize how much people are observing what you do as a blind person. I think every day, just on the job and in our homes and at church or in the community, in whatever we do; maybe taking our kids to swim in the pool or something, people are observing us. They were getting a message across just by doing our daily work. What I do reflects on another blind person, and what they do reflects on me. I think just in our everyday lives we, we're just necessarily making people aware of what blind people can do; that we're like everyone else. We just do it a little different.

During those years, the early years, my speed and accuracy were challenging. I had to kind of keep learning, you know, and then building up my experience in my vocabulary in the medical terminology, as well as just as just regular words. Just being nineteen there's an awful lot I didn't know I found out; and my grammar, my English, oh my. That was so important. I didn't realize how important that was going to be to me in just general spelling, overall. It

was so important. A couple years after I'd been there, probably, I started receiving awards. They were monetary awards; awards that would put you in a different level or categories sometimes in the Federal system. I was glad to receive those, very happy.

One day when I came back from lunch, I thought I heard some talking in the room and then I thought I heard, "Well, if she had to do this; if she had to do that; and if she this and that." I went home and I remember I mentioned it to Creig that I, the girls, I think the girls are talking about me having received that award. I'm real concerned about it. I just wish they weren't talking about me. And he said, "Well, don't flatter yourself." (Laughter) Which, he just laughed, and I laughed about that. Obviously, one ought not take some of that too seriously; that not flatter yourself had an impact on me sometimes when I, maybe, would want to say something about feeling that somebody was talking about me. And, thinking about it twice before I mentioned it to anybody, 'cause that can kind of take the wind out of your sails. (Laughter)

They were talking about how if I had to do operation reports I probably wouldn't be producing so much and having the big outlay of work and getting the awards. And, they were correct. You know, there were other things. I wasn't doing x-rays either. But, the operations were the big thing. My supervisor had told me that doing histories and physicals and narrative summaries and things like that, and being able to produce them quickly and accurately, etc. was my contribution to the Unit. And, I didn't need to worry about operations. They were very difficult to do. They had little boxes, the first half of the page of an 8 1/2 x 11 page. That whole top and some of the bottom were boxes on the first

page, on the original page. And so, she just figured there's no way I could do that. I thought there was no way I could do it as well. So, I didn't bother to inquire about that much further. But, after I heard the girls talking about that and I felt challenged, and felt that I wanted to be equal to them and wanted to be able to prove that, "Yes I could do those".

So, I asked my friend Edna if she'd mind staying after work one evening and work with me on that. So, about fifteen minutes or so, maybe more; we figured out how to do the operations. Of course, the method I used, and even for the other forms, was to measure how many spaces, how many lines to go up and how many spaces to go over. I would set tabs at various spaces. Of course, I had to Braille that down, and so we took care of that. There were an awful lot of spaces. I think, you know, they would have the surgeon and the second surgeon and the third, the resident, the medical student, the circulating nurse, the instrument nurse the anesthesiologist, the anesthetic, the pre-operative diagnosis, the post-operative diagnosis, how many sutures, what kind, and pre-op and post-op suture count. You know, all that stuff had to go into these forms, into these little boxes; and the patient identification stuff. So, I had to figure out; then I had to Braille down what that information was on the little operation report that you'd get with each patient that told all those things. But yet, you had to put that on this form. It was on another form, but you had to put it on this particular form that you were going to type the narrative of the surgery. So, I learned to...It was a good thing I was a fairly fast Brailist because I had to Braille quite a bit of material. But I learned.

The next day I went up and asked my Supervisor if I could have an operation. So, I worked really hard on

operations for quite a while, just that alone. Just so I could get really familiar with them. Then I still got awards. I was able to cross that little mountain. Not always is that important. Sometimes you do need to be satisfied with doing something that you're contributing your part, and sometimes it is something you're not able to do. At that time, I wasn't able to do some of the, or down the road anyway, some of the work up front when we no longer had a supervisor. And, people would take the Unit Leader position and do some of that work. I wasn't able to do that until the last few years of my employment because I didn't have access to that. It was all visual.

There are things there that you have to do to integrate yourself into the Unit, and of course, the Unit's, the Transcription Units changed over the years. They dynamics, the people, but some things stayed the same. Some things changed. You have some real close friendships, and you have some that are not. You can at least respect some people, and some not. Some people you just, it's very difficult to work with them but you've got to figure out how you're going to do that. I think overall, I would say that sometimes I think you have to give one hundred percent, plus. You really, really have to give an extra effort to try to excel in whatever it is that you're doing. If at all, just do the very, very best job you can, and have a good work ethic.

I know that many times I found myself doing things like offering to order lunch, and call out and order a lunch. So, I would take people's orders and collect the money, and then make the call and pay the deliverymen. Somebody else could pass it out. (Laughter) But, I did at least that part; and sometimes collecting money for a birthday card or for a present, a wedding present or a shower gift.

I held several showers at my house. In fact, I gave two showers for one girl when she worked somewhere else in the hospital. I gave a shower for her first wedding and she had a child and she was divorced and whatever, and was married again. I was giving the shower for her and I happened to recollect that I had given her first shower. I didn't even remember when I was doing it the second time. She was Supervisor for our Unit at that time when I was doing the second one. It was just funny. I didn't even think about it, that I'd done the first one.

When I was young, when I was engaged and they, the girls, had a shower for me and they were very interested in my wedding. My girlfriend Edna made my wedding cake and they all, the whole section, contributed to a wedding gift. And, there were personal things. A lot of them traveled to Des Moines for my wedding when I was married in 1964. And, then when I had a baby they had a baby shower; my first baby Kevin in 1969. They were all just so excited about it. They were all excited. Everybody really, I felt, had accepted me very well. I tried very hard to try to fit in.

Sometimes you have to do a lot of the "skut" work, like make coffee, offer to serve on a committee. Maybe it's the campaign, you know, the fall campaign when people have to contribute. Combined Federal Campaign it was, we had. The Employee's Association, BAM Employee's Association. You might have to be a rep. I offered to be representative on that committee several times and participated in quite a few different things.

One of the things that changed over the years, of course, was the type of equipment I used. I alluded to the electric typewriter with the nylon ribbon. Invariably, I think I wore a white or a light colored dress when I had to change a

ribbon. In those days, you know, it took a while to change that ribbon. You had to get in there with your hands; I did, to feel where you put the ribbon, the track that it went in. So, my hands were just black and I had to think ahead a little bit. Get enough Kleenex there to wipe, wipe, wipe so that I could even go out to the bathroom and then wash, wash, wash my hands and come back and ask, "Are my hands still black?" (Laughter)

In those days, too, in the early days we didn't have air conditioning. It was so hot in our office. And, hot when I'd go back to my room. I just, the sweat would just pour when you'd stand up and after you'd been sitting there for several hours, you know, working. You'd go to coffee and you'd stand up it's like "woo," run down your leg, the sweat.

45:00

Slayton: And, then if you'd turn on a big high fan, well, then you'd have to turn up your transcriber and things would blow all over and the dust and papers and everything so; so nice to have central air when it came.

Duvall: Now, where did you live before you were married to Creig?

Slayton: I lived in an apartment on Linn Street. My brother-in-law at the time, traveled through Iowa and he found this apartment for me, and so, but I had to live in a residential hotel for a few months before my apartment was available. It was kind of funny because the...One of the staff of the Commission, Hubert Smock, found this residential hotel and

it was fine. I had to learn to walk to the bus. It was kind of in the center of downtown Iowa City.

There were construction workers there in the summertime. So, all these gentlemen were very...And, I was the only girl. They were all lovely to me. Sometimes it was so hot at night up in your room, and so you'd go downstairs into the lobby. Oh, it was cooler. They had a fan down there and it was cooler. You could get pop or something to drink and so, you know, they might talk to me. They were very solicitous of me and they, you know, I could always ask them, "Well, where would I find a restaurant? Where would I find Younkers? Where would...?" And, they would tell me and so each night I'd find a different place and go different places and learn Iowa City, the downtown area. Then, of course, it was quite a few, my apartment, was quite a few blocks away; but very easily walked to the bus and so forth. I kind of missed those guys when I left.

But, I had an apartment and I lived there for a year, I think, on my own and then my mother moved down. She quit her job in Des Moines and moved to Iowa City and started working for the University Hospital. So, she lived with me for a year or so before I was married in '64. Then Creig and I moved into a mobile home because we'd rather pay money on the home, and have something left over when we sold it for a house than just paying rent. We had a lovely mobile home in the eastern part of Iowa City.

Then in 1969, I had...I was pregnant with Kevin and we...my mother retired from her work on disability. She was diagnosed to have emphysema. She didn't have very many funds, and with the disability and all we felt that we needed to buy a house with the baby coming and all. We planned to stay in the mobile home a few more years until our child was

older and ready, maybe, to go to school or whatever. Anyway, a couple more years we were going to live in our mobile home. We decided we'd better look for a house. We found one in Coralville. One of the gals at work was selling her house, as a matter of fact, and one of the gals in the Unit lived with her. So, I heard about the house and we bought it. We moved to Coralville and my mother moved in with us then.

In a few years we had Kamela, our second child, in 1972. Kevin has a visual impairment, Kamela does not. We had...In the first year after Kevin was born, he had surgery a couple of times and I was still working. I went back to work after six weeks after he was born. That was kind of difficult to leave the little baby, plus trying to work and have a family. We had someone come in to our home to baby-sit at the time and then...

Duvall: You're mother wasn't able to help?

Slayton: She wasn't able to help. No. And so, and then it became kind of hard because mother then sometimes wanted to, you know, she wasn't really happy with the people maybe looking in or whatever. It was just easier then to take Kevin out to a baby-sitter. So, that's what I did. I had to take Kevin to the baby-sitter and then catch the bus, and then go to work.

I guess, I indicated at some point when I was telling my daughter a few moths ago or something; when she was upset one morning 'cause they were hurrying around, hurrying around. I said I spent several mornings in the bathroom at work crying 'cause I pushed my kids to get to the bus. There was no, you didn't have a lot of leeway when

you had to catch a ride with someone or a bus and you just had to, things had to go pretty smooth. You know, with a family they don't. You try to organize, but sometimes that doesn't always pan out the way you think it's going to.

My mother, after Kammy was born, I decided to, I, well, I went in to quit basically. I thought I would have to do that because we decided that in case Kevin needed surgery or Cam needed surgery, our second baby, that, you know, it would be easier for me to be home.

Duvall: So, you didn't know right away that she?

Slayton: I just assumed that she would have a visual problem. So, I just...And, of course, I didn't know it was going to be a girl. I just assumed the baby would have problems. And, I could tell you lots of funny stories about having babies and being with doctors, and all kinds of things. But, just suffice to say.

Duvall: Using wheelchairs.

Slayton: Using wheelchairs, going, calling and saying I'm in labor. My pains are four, five minutes apart. Do I have time to go vote? That was when Kammy was being born. Nixon was being elected. I wanted to vote. He said, "Who are you voting for?" (Laughter) That's in the day when you got to talk to your doctor. He was so funny. He meant it funny.

Duvall: Did you go vote?

Slayton: I did not.

Duvall: Oh.

Slayton: I did not get to vote. He didn't either. He had planned to vote after.

Duvall: Oh, the doctor?

Slayton: Yes. He'd planned to vote after Kammy was born. I had a real problem with bleeding and he had to stay. He didn't get to vote either. (Laughter) So, that was funny.

Duvall: You probably canceled each other out.

Slayton: We probably did. (Laughter) But, in the, that first year then Kammy was born my mother became very ill. Kevin was about three and I, well anyway. She, Mother, was very ill. So, my aunt, my mother's oldest sister, came up to take my mother back to Winterset and she was going to take care of her there, because she knew we had our hands full with the baby and all and with my mom. So, that was very nice of her.

Then the very day that Aunt Beulah took my mother home, the phone rang and it was the Doctor in Pocahontas stating that Creig's father had had a stroke. When he was able to travel, Creig went up to get his father and brought him to our house. So, he was with us until about May. Kammy was born in November. I think Dad had his stroke in December or January. So, he was with us until May. Then he, we decided that, maybe, he would go up and close up his house and sell it. The house next to us became available for rent. So we thought, "Hey, this is neat." So, Dad moved right in next to us. He could eat with us sometimes and be

with us close. That was neat; Dad lived in the house next to us. Mother became more disabled as time went along and it became necessary for her to be on oxygen. She came back home, of course, in about June I think, after dad left. I had to go before a committee and everything to talk about how I felt I could take care of my mother, because they wanted to put her in a skilled care nursing home. There weren't any in Iowa City--you had to go to Cedar Rapids, at that time--that would administer oxygen. Only Americana in Cedar Rapids, at that time, would administer oxygen.

Duvall: What's so hard about it to administer oxygen?

Slayton: I have no idea. At that time they just didn't do it in the nursing homes even; just the skilled care, the very skilled care. You know, they didn't have a lot of those. Iowa City evidently had, they didn't want to use oxygen; so Americana in Cedar Rapids. So, I wanted to bring mother home and I said we could handle the oxygen and blah, blah. Of course, with my blindness and with Creig's, no, they didn't think that was a good idea. Well, my doctor was on my side. My mother's doctor, I mean. So, it was determined then that I could, we, could bring mother home. The Respiratory Therapist came out and showed us this liquid oxygen; huge, huge tank, and everything and how to get portable oxygen.

Creig was on the road at the time. He was always on the road. Creig was on the road about three or four nights out of the week; three nights--Monday, Tuesday and Wednesday for sure. He would go to the office in Cedar Rapids on Monday and then when work was over on Monday he would take a bus to Davenport. Then he would stay in a

hotel there and work with the driver until Thursday when he would come home. Then he would have all the calls that he received during the week from his Iowa City clients.

Anyway, it happened that I was alone when the Respiratory Therapist came. When he started showing me how to put this oxygen portable tank onto the huge one, and of course, liquid oxygen is very cold. It's way, way below freezing. And, of course, when you open those little valves or something, ice can form on there and they could very easily fuse together if you're not very careful about how you do it. I almost went ballistic! But, I had to just keep my cool and try to learn how. I thought to myself, "Jo, you fought for this. You've got to figure out a way to do it." So, I did and we were able to have mom. She lived with us. She passed away in '78.

Also at that time, while Mom was on oxygen, Creig's dad was injured with a lawn mower accident and was no longer able to walk. He was wheelchair bound. We cared for him for several months in our home, with Mother, with his wheelchair. He had other incontinence and other problems, and at some point we decided that we really needed to put Dad into the nursing home. So, he went into the nursing home and he...We would go pick him up on Friday night and bring him home, and take him back on Sunday. We did that for a number of years. He passed away in 1977, and so did my father. My own father passed away in '77. My mother in '78, and Creig's brother in '79. So, my children were frightened if anybody had to go to the hospital. They figured they'd never come out. It was pretty traumatic years there for a while.

And, about this time we were thinking about getting a new home. We were kind of outgrowing ours we thought.

We just wanted a nicer larger home. Ours was nice for a family, but we were starting to look around in Coralville for a home. At that time, Creig was invited to come down to Des Moines and work as the head of the Orientation Center. So, he did that and he came down in April and then after school was out we came on June 11, 1984. And, of course, the idea was, "What's Jo going to do?"

I was able...I had asked the Chief of my section if I could have a leave of absence for like three months or so. He said, "No," because that would mean they couldn't hire. I don't know what all the ramifications were. He didn't want to approve it anyway. I went to the Director and the Director said, "Of course." I came to Des Moines then and interviewed in the VA here in Des Moines. The Chief of the section here in Des Moines happened to be at one time the Assistant Chief in Iowa City. His name was Gary Herod. He was...My reputation had preceded me, I guess, and so he hired me immediately. No problem; wanted me to take a couple weeks vacation first, use up some of my leave so I didn't have all that leave that I'd built up. My Supervisor at that time, my immediate supervisor here in Des Moines, was not very comfortable in having a blind person in the Unit. She was very uncomfortable. She hadn't ever talked to a blind person, she said. She just didn't feel I could do the work. About the first day I was there...

Duvall: Was the work that different?

Slayton: No.

Duvall: Forms were the same and all.

Slayton: Pretty much the same. Little difference in how you would do some of the things. They had their own little ways of signatures and...

Duvall: So, you had to kind of set up your own templates again, and stuff.

Slayton: Yeah, yeah, but pretty much the same.

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Slayton: Fortunately, very fortunately I was so blessed that it was pretty much the same format kind of stuff; the actual forms. And, fortunate that I had terminology under my belt for twenty-two years; that I wasn't learning like I did when I started my job. So, because you just need to communicate with your supervisor very closely and, of course, I needed to work with her for all the new things; all the new doctors; all the staff. Things I didn't know--policy. She did...They encouraged her to come down to the Department and take a tour, which she did do. I imagine that helped some, you know, to a degree. But, she was just very negative for a while. Then finally, we finally got closer by working together. We had to. I guess, one time I went home and I thought, "It's you or me!" I mean, either I was going to quit or I was going to stay. I decided, "Jo, you're going to stay!" When I made that decision it was much easier to just kind of roll with the flow, and work with her and work with the girls in the office. They had respect for me and invited me early on to go to coffee with them and we had really wonderful friendships over the years there, too. And, again I had to start over with some of the, as I say "skut" work kind of

things. Helping to make coffee; offering to do it right away, you know. Offering to bring things with, you know, for potluck and do my share. Try to reach even above what your share is a little bit. Just try to integrate yourself into the dynamics of the group.

I think when I came to Des Moines, at that time we were using Selectric typewriters. Those were the ones with the little ball on them. Those were nice, but they weren't quite as fast as the old typewriters in a funny sort of way. I really couldn't get the speed up on them. The ball just refused to go; kind of hung up once in a while. Our repairman, when he came one time, I was complaining about, "Well, what's the matter with this. It just hangs up?" He said, "You're just typing too fast for it." I don't know if that's true or not, but anyway it just wasn't the same as the other. It just didn't seem to have quite the same touch.

Duvall: Were they not only they turned to the right, and then they stopped and they'd turn to the left to find the next letter.

Slayton: And, they'd get kind of hung up when you were several letters ahead of them.

Duvall: Right. I could see that.

Slayton: So, Jo had to slow down a little bit. That isn't all bad. But, you know, I guess I missed saying that in these old days of using typewriters, you know, we didn't have computers where you could just delete the word. You...It was ink on the page and you had several carbon copies. You might have five or six carbon copies. You had two or

three to begin with and then you added a copy for cancer; added a copy for ENT; added a copy for research blah, blah, blah, you know, whatever. You may have six copies. It wasn't unusual to have that many. So, you were using this Corret-O-Copy, I think it was called; correction copy. It was on a little piece of paper, chalk stuff. You had it for the original and you also had it for the carbons. So, you can imagine putting that stuff in your carbons, how fat that was. (Laughter)

Duvall: Six layers of paper and six layers of Correct-O-Tape.

Slayton: Yes! It wasn't a very good situation. So, you tried not to make mistakes. But, obviously you're going to make them because as people dictate and go along they'll change, and you have to kind of go ahead a little bit and yet not too far. Of course, I had a little better memory in those days. In order to get speed, you know, you're trying to think of that, too. But, you've got to be cautious. So, all those things in mind. I loved the job. I loved the work. Always something new; new drugs, new procedures, new instruments, new lab tests, you know, always a challenge. I had a huge card file of words. I had a "bug list," I called it, for bacteria and viruses. I had the instrument drawer; I had a drawer full of instruments. A drawer full of regular medical words, I guess and tests, and so forth. A drawer full of just Webster type words and, what's the word I want to use that are capitalization?

Duvall: Proper nouns?

Slayton: Proper names, you know, places; all the forts in the Air Force, and countries, and all my Veterans that had been in, you know. You start building a little reservoir of that. I never had a medical dictionary until 1969. Well, by then I had a pretty good one of my own. But, of course, this dictionary was very helpful in bones and muscles and nerves. Those don't change, you know. While diseases change and procedures change and some of that; the nitty-gritty of the body doesn't change. It was very exciting to have that dictionary. I think it was about forty-six volumes. It took two bookcases with, I think, three to four shelves. I can't just remember. Three shelves I think. I had them right by my desk or in one situation or in the back of the room. I was very fortunate to have that. While the other girls received new dictionaries, mine stayed the same over the years until I retired. But, it was very helpful to have it, even so.

Duvall: This was Dorland's?

Slayton: Dorland's.

Duvall: Dorland's. D-o-r-l-...

Slayton: a-n-d's. Dorland's Medical. The girls had that dictionary on their desk, too, as well as a Webster Dictionary. As I...After I transferred to Des Moines, well, even before, there were new girls that I would help train. But, especially when I moved here from '84 until I retired. A lot of times I would be helping other girls and be assigned even to a new girl, or whatever. You would encourage the girls and, of course, these are sighted girls; employees I'm

talking about. You would encourage them to use your method, which was the old 3 x 5 card to make a card file of names because they would prefer sometimes to write in their binder. Of course, they got in the same mess I did as far as alphabetizing and trying to find something. I told them it was much easier to find it if they alphabetized it. Also, when they would write in their dictionaries they'd often write some new word in the margin of their dictionary. That was okay to do, a double thing to do that, and maybe make the card as well. But, sometimes they would come and take their dictionary and bring them a new one and then all their work was gone. (Laughter)

Duvall: They would be gone!

Slayton: And, lots of times some of that was not in the new dictionary. So, of course, I had learned over forty years, you kind of learn how that stuff works, and try to instill some of the things into some of the new employees, you know, maybe that they might be interested in doing. So, some of them adopted my habits, you know and that.

And, of course, after the Selectric typewriter we moved into a Memory Writer, which was kind of a... You would type it and it would just kind of go on the screen. It would be silent, you know, as far as that goes. But, you could also turn the printer on and type it and print it as you typed it would print. Well, but it would go into memory. Well, most of the girls that I knew about across the country... I went to National Conventions quite often, and I learned that other girls were not using this Memory Writer at all. And, some of them who were not using it lost their jobs, because that's what came in to the office and that's what you had to use.

I had found that by using it with the printer on as you typed, it would work fine. In fact, if you made an error you could back up because you could hear when the space was there, and then go. And, sometimes you knew you made a mistake, but you didn't know what it was or if you just felt like something was not right you could back it up to a space and then rewrite the word. Of course, it would be in the memory. It had taken out the old stuff in the memory and would write that new just fine when you actually did the printout of the work. So, that worked for me perfect and I tried to encourage other gals to use that. Some of them did. It was really interesting then.

Then we moved onto the computer age. We had DOS computers with, I think, our first speech word was Artic. I used that and I was very fortunate to be able to have a refreshable Braille display at some point. That was wonderful because it's so nice to be able to just put your hand down there and feel what the numbers are when you're typing a patient number, social security number and some of the admission and discharge numbers, you know. Just to check. Just to kind of double check what was...

Duvall: Now, who did the assessment for the need for an upgrade in your technology? Was that done by the VA or did somebody from the Department come out, or how did you make that happen?

Slayton: Well, I don't know how they determined that we were going to get new equipment. I suppose in time, you know, after so many years in the government they do something. They'll retire that equipment and get something new.

Duvall: Everybody in your office got new equipment.

Slayton: Yeah. It just comes in. And, then there you are, Jo! So, I would make a call to the Department especially with the computer stuff. I had no clue. No clue! So, I was very fortunate, very blessed when all this computer stuff came up that I lived in Des Moines. 'Cause the other stuff happened when I was in Iowa City. I didn't have any Department assistance at that time, you know, with those kinds of things because they were still just a typewriter. But, when we came to the computer era, I called for assistance. I remember Brenda Criswell and Rosie Thierer came out to assist me; and Laurie Merryman later on when we went to Windows.

Duvall: Paul Rave?

Slayton: Paul Rave did as well. Yes. It was just...I had assistance on the job. It was short term because I had to still keep working and producing. And, unfortunately, I wish I had known more about the computer and about the Internet, but, of course, it grew as the years went on.

But, after I retired I learned so much more, because so much more savvy about the use of the computer and how to go into the Internet and make searches, and so forth.

But, on the job I was able, with the computer, I was able to go into Patient Information and look at the patient profile sometimes for, maybe it's a new trial drug, or a certain lab test, a special one that was very new or an x-ray report you couldn't understand the doctor you could go in and then look at the x-ray. That was really a boom to

transcription. Now, the girls, the sighted girls, could always over the years go look at the chart. But, there's a delicate balance between spending the time looking and just transcribing.

Duvall: Keeping up your production.

Slayton: Yes, yes. You have to, when somebody's new, you have to really impress upon them that they can't spend a whole lot of time looking in the charts and looking on the computer because, of course, they make no line count. They're just not producing.

So, and then sometimes when you first find a word that's new, or a test, or an instrument, I usually want to know as much as I can about that. And, I used to encourage the girl...Sometimes they'd find the word and shut their dictionary quick. Type it and shut it and I'd say, "Did you read about that? What does it do?" Because you have to; it has to be more than in the ears and out the fingers. It has to; you have to as a transcriptionist, if you want to be a good medical transcriptionist. Well, course, now Medical Transcriptionists are beginning to be passé. But, you need to know what an average white count would be, what an average hemoglobin or hematic would be. What is the total cholesterol? What are those readings? Because sometimes the doctors would transpose those numbers; you need to be quick enough to pick that up. Now, a lot of times some supervisors would say, "You type what you hear no matter what." Okay. Well, that covers, as we say. But, on the other hand you can't type something just totally erroneous and foolish, and many times some of those things were foolish. The doctor just wasn't...And, he sometimes would

say he amputated the right leg, and pretty soon he'd be amputating the left leg or looking at the left leg. He would intermittently change right and left leg.

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Slayton: So, sometimes you needed to go to the source and find out actually which leg was amputated. Which leg was the bad leg?

Duvall: I've had doctors write with magic marker on my leg and above my eye and things like that.

Slayton: Yes. They do that...They have to very...But, you see, when they're looking at an x-ray...

Duvall: It's reversed.

Slayton: Exactly. Or when they're...And, sometimes they just inadvertently say the wrong thing. They're looking at it, they're doing something else. They just inadvertently get it confused, and so you have to be the one to straighten, or at least I felt I was the one who had to straighten that out. Those documents are medical, legal documents. I felt, in good conscience, I could not let that go out with my initials on it. Of course, we had to initial everything. And, have it come out in court some day? But, anyway, so I tried if something was overt. Now, I mean, you know...But, I'm saying you need to learn some things. And very...There are words that are very close together. There's perineal, peroneal, perineum. You have to know the difference and where they're located, and what they mean. If you don't,

you're in a world of hurt. You're just not going to be up to snuff. You need to teach people to actually learn what it is they're transcribing and have a really good feel for it and for the job.

Some people, you know, it was just a job to them and they didn't care. But, most people had a concern for what they were doing and an interest in it. So, over the years it was very interesting to work with people and to hear and to watch them grow in transcription, and to see the group dynamics over the years. Sometimes you'd have a very disgruntled group. There were a lot of people who had personality clashes, and so forth. Somehow you need to learn to deal with that. That improves and irons out over the years and sometimes you've got a stickler who's there for a lot of years; like me probably! (Laughter)

But, I think overall, one of the things that was exciting to me, too, in the last few years that I was there, I was able to produce the reports that we had to send over to the Director. And, I hadn't been able to do that before the computer age. Even though I had the ability and the knowledge and etc., etc. I didn't have the vision. So, with the computer age I was able and with my refreshable Braille display, which the government did by for me. And, of course, the Counselors coming out would help you assess, "Yes, I needed this or that, you know." So, I was able to do those kinds of things. I would often go to the Knoxville Hospital and train people in certain things or work with people in our Transcription Unit, and was able to do some training and do some reports. I thought that was pretty exciting to be able to do that.

Duvall: Yes.

Slayton: I had never done it before. In the later years we didn't have a supervisor in the office with us. We had a supervisor who was in another building. So, often you had to settle things right there. So, it was interesting. But, over the years I found it very interesting work. I certainly had times when raising my family and then pretty soon my family was gone from home. We had the empty nest and I was still working.

I retired in 2003. I was starting to have a lot of problems with my knee and foot and trying to get out; trying to take the bus and walk quite a ways to work. My office was just getting to be very difficult, and so I opted to retire. I was at the age where I could and I'd worked enough years to retire.

I should say, you remembered that I said that I was going to go in and quit after Kammy was born for that year. I went in to do that and the Supervisor of our Unit, Margaret Fruen, at that time said to me, "Well, would you consider just taking a leave of absence?" And I said, "Well, I guess so." And so, I had a leave, a year's leave of absence in which the government kept me on their rolls and paid my insurance and everything until I came back to work.

Well, when I came back to work, as you know, we had Mom and Dad and different problems and children and all. I found it was just too difficult to be going forty hours a week every day. I couldn't, kind of, keep up with all of that. And so, I went in to Margaret's office again and I said, "You know, I'm just going to have to quit. I really can't do this." And she said, "Well, would you consider working part-time?" I said, "Well, I don't know. If I did, I guess it would have to be. So, I could come a full day to set up baby-sitters

whatever I would need to do; other things for Mother. I would have to have a whole day. She said, “Well, how about twenty hours a week. You could work three days one week, and two days the next?” So, that’s what I did for a number of years before I came to Des Moines. She just wanted to keep me on. I thought that was quite a compliment, I guess, as to my work.

I still have friendships today from Iowa City; the years I worked there and friendships from the VA here in Des Moines. We get together several of us, ten or eleven of us, to eat or to do things. You know, go out for drinks or something. So, I feel that; I feel that I was very well accepted by the girls because they still call me. You know, we still set up doing things together. So, it’s a...I felt good about my working years, and of course, I owe a lot to the Department and the instructors early on who helped me in the Department: Jay Kuhler and Ruth Schroeder, Jim Witte and Florence Grannis, and Mabel Nadine. So many in those years, I don’t want to miss anyone; of course, Kenneth Jernigan, as well.

Duvall: Manuel?

Slayton: Manuel Urena, very much so. And, all those years you know, I was so young when I was a student. So many things; sometimes when I went over them, when they were reviewed with me as a student, didn’t come to me until I was actually working or out in the community. And, then sometimes it was just like a flash back, “Oh yeah, I know what you mean now.” (Laughter)

One time in our Unit one of the girls was new, and she and everyone was out of the office except the girl and

myself. And, she asked for, she said, "She asked for the supervisor." I said, "Well, she's not in the room; she stepped out of the room. Would you like some help?" So, I came over to listen to what it was and she said, "Oh, I don't know. I don't think that was it." She told me what she was stuck on and I said, "Oh, I think it's this." "No, I don't think so." So, I listened and yes it was what I said. She said, "Oh my," she said, "you're almost as smart as I am!"

It came bouncing back to me several examples that had been used when I was a student, and also that I had encountered in life even before this. That people would say, "You can do that almost as good as I can." And, of course, the idea being that my being blind would necessarily make them better at whatever they would obviously do it better than I would. Sometimes that's not always the case. Obviously, I would know something more than this girl. She was brand new, never had Medical Terminology. So, of course, I'd had quite a few years. I should know it, you know. Some of those things can hit you right in the face, you know. (Laughter)

Duvall: Oh dear, yes.

Slayton: You know, just a lot of other little things kind of come to roust when you're out in the work-a-day world. People continually yell, raise their voice several decibels, you know, to get through the fog they think they have to do that as a blind person. But, you know, and some of them continue to do it even when you speak to them yourself. Most people take a cue from you. They'll take a cue and they'll talk with you, and they'll quickly understand that you're like anyone else. You just don't see, and you may do

something differently. Most of them pick up really quickly, and are able to be very comfortable with you. Some continue to not be.

I was thinking, my experience had been that people would raise their voice several decibels to talk with me, but I also saw that happen not just with blind people. And, it was quite a revelation to me. My husband and I were in a group of about six couples who took on a project of working with some refugees from Cambodia. There were two families, and one of the families...And, we were working with them on English, just rough English and different things to help them integrate into the community and feel comfortable. They knew no English at all. That was kind of interesting, too, when they came to our home for lunch and dinner and training that day; several days. (Laughter) They weren't used to seeing a person in that, in that capacity. I offered...

Duvall: I imagine blind people in Cambodia...

Slayton: Didn't do anything.

Duvall: No.

Slayton: The one girl told me that later on.

Duvall: They're either beggars or kept at home.

Slayton: Yes. This one couple, we were really fond of. And, when Chendar when into the hospital to have her baby, the children stayed with us that evening. They went to the same school as my children. So, before the kids went to school...The families came in July of '76, I think; '75 or '76. I

don't just remember, but anyway. And so, I took them over to the school when it first opened, but they weren't going to school yet. The teachers were in the classrooms and I introduced the couple to some of the teachers. Of course, they still didn't know English very well at all, but I still wanted them to meet the teachers and see the school so they'd feel comfortable where their children were going to go, and so the teachers would know. And so, I got to observe the teachers raising their voice several decibels to speak with the Yems because they didn't...They were trying to get through. I just never observed that before, other than just to blind people. (Laughter) So, I thought, "Well, it's just not blind people it's..."

I know that with the children, I remember when they were young, and so forth, I used to try to dress them so well. I'd try to buy them really good clothes and make sure they were matched and everything. And, of course, when my children were old enough to, especially my daughter, but when they were old enough to kind of see how the other kids were dressed they didn't want to have some of the better stuff. They wanted to be a little more...

Duvall: Grungy, holey jeans?

Slayton: She cut holes in her jeans. Wore her sweatshirt wrong side out, and this was in high school. Even as a little child she didn't want to wear...I had a beautiful coat; White Stag coat. It was red with white buttons and I had a white muffin. She had her little black Mary Jane shoes. And, she refused to wear it to church one day. Absolutely, well, we had a war and she wore it and that was the last time she wore it. She wore her Sesame Street shoes and her orange

blast jacket. She preferred to do that; anyway, a lot of things. (Laughter)

You know, I always felt like sometimes, as I said, you have to give over one hundred percent; just your very best effort on your job if you possibly can. If you feel comfortable to try to push, push and to be, have a very good work ethic. Then I think you have to be very clean and then very, very meticulous about your dress, your clothing. If it takes that cut, one cut above I think, you need to try to do it if you possibly can.

1:30:00

Slayton: At least be clean. Try to be cognizant about what you're wearing. What other people are wearing.

Duvall: Think about the impression you must have made when you were walking across Penacrest and you're future employers saw you. You know, if you had your sweatshirt on wrong side out and whatever, he would not have had such a positive memory of you. He might have thought it was, "I saw a couple of future beggars out there," or something.

Slayton: Well, you know, sometimes I'm cognizant of the fact that people are looking at me because we're different. Let's face it. Sometimes, you know, we're still different. While we think that things have changed, and they have; a good share of things have changed, but some things have not. People will take a look. We're in the minority. They still want to look, but we can't let it make us be self-conscious. We have to have enough self-confidence that we

feel comfortable and let it go by. I used to feel very self-conscious. Very self-conscious; particularly, sitting at a head table when we used to go to these service groups or something. I knew people were watching me. I know that today, but it doesn't bother me today where it bothered me when I was eighteen. Part of that's being young, of course. Even a few years out you might feel some self-consciousness, but I think you have...We're making a mark sometimes and we don't even know it. We just, we don't want to be self-conscious, and it's so good to feel comfortable with the way you are.

I remember our daughter, one time when she was real little, she had to stand up in the booth in the restaurant. We were over in Kalona. She was standing; I could tell she was looking back behind in the booth. I said, "Cam, what are you doing?" She said, "There's these people with black clothes." So, then I said, "Well, honey you really don't need to stare at them. Yes, they dress different." Then I explained to her because she also was included in stares at her family; at her mom and dad. She was included in that, too. Then she found herself staring. "Now, see they're a little bit different and sometimes people look at mommy and daddy and you and Kevin because we're a little different." 'Cause she would be sometimes very offended, very upset when people stared at us, and of course, it's hard being the only one sighted in that group. You know? So, that was sometimes you do your lessons where you can. I was concerned because she was standing turning around and looking. I remember one time when Kevin was about two. I shouldn't tell this, I guess, we were in a restaurant and the waitress had set a tray down near...It must have been on a service

cart or something near our booth. Kevin turned around and took a French fry off it. (Laughter)

Duvall: Uh-oh. It wasn't for you guys.

Slayton: Ah, no. (Laughter) So, you always had to have him hands-on. You know, with your children so you know what they're doing.

Duvall: Two year olds are cute!

Slayton: They are. You know, sometimes you have to do some things that other parents may not do. I'm not sure that it's...Let's put it this way, our children did not get to get up and run around in a restaurant. They had to sit in the booth or at the table, or whatever. Some children can get up and go into an area or their parents let them, or whatever. I'm not sure that's always a good idea anyway. Our kids didn't have that luxury. They knew they weren't able to do that. We would walk around and look at things and talk about things, but they had to be with us. It was definitely a hands-on.

When Kevin was little, of course, I would just take his hand and I'd have my cane. Well, then when Cam came, what are you going to do? Because he was still little; he was just three. So, then I would put Cam in a back carrier and did that with Kevin, too, some because sometimes I wanted my hands free. But, I put Cam in the carrier and we carried her on our back until she was three; sometimes if we were going to a long ways, because I would rather do that than have the stroller.

You can use a stroller, but I'd pull it backwards. But, I found that I just didn't even...I sold it. It was much easier to carry her on our backs. Creig would carry her; then we would hold on to Kevin's hand. So, that's kind of how we did it. Now, I don't know about more kids. You'd figure out your rules, I guess, as you went along.

Duvall: That's right. And blind people like others do have large families.

Slayton: Yes, they do. They have their own way of doing it and they do it well.

Duvall: That's right.

Slayton: I, you know, you all just have...And, just like other big families I don't know how they do it, but they do. We had rules in our house. I remember when my sister's children came to stay with us for a summer one time, when they were moving from Illinois to Iowa. It was after school and they wanted a snack or something. One of the children started to go downstairs where the family, you know, where there was a TV and stuff—rec. area. Creig had made a nice rec. room area down the basement. They wanted to go down there and eat their snack and one of the other kids said, "No, you have to stay up here 'cause at Aunt Jo and Uncle Creig's house you have to eat in the kitchen."

(Laughter) Well, our kids did that and I just figured it was less mess and we did that for many years. In fact, we still pretty much do it, even Creig and I. And, then the grandchildren, definitely, grandma still has them...Grandma sometimes is a little more lax than I was with my children,

but most of the time they're eating at the dining room table or outside on the table. I don't let them walk around with stuff. Why do that?

Duvall: Then you get to hunt for the crumbs.

Slayton: You get to hunt for the crumbs and the finger marks. It's such a joy to have my children close. Both Kevin and Linda are here, live her in Des Moines. Kevin is married to Linda. They were married. Everything happened in...Creig retired in 2001 as Director of the agency and I retired in January of 2003 and Kammy was married in March of 2003 and Kevin was married in 2003. So, we are very fortunate to have our children in Des Moines. Kevin and Linda...Kevin has a business. He works for Business Enterprise program. He has several satellite facilities as a vendor. He got his college education; got his degree from Grandview in Business Administration in Accounting. He does his own accounting work and he does our taxes. Kammy lives in Grimes with her husband, Tom, and they have a girl Jenna; she's six. She's going to have her dance recital tomorrow. And the twin boys, Brandon Creig and Thomas.

Duvall: No Jared...

Slayton: Jared Thomas and Brandon Creig. I called Brandon Mr. B and I call Jared J. T. So, they're wonderful. It's just so wonderful to be able to be with our grandchildren and have that interaction and get to spend the time with them that maybe we didn't get to spend as much with our children

when they were little. We were working and family obligations.

Duvall: Well, that sounds like a good place to end our interview, unless you have anything else that you'd want to make sure you want to include.

Slayton: I guess, I mentioned thanking instructors and being appreciative of what they did at the Department in the early years, and in later years as well. Because, I used the services at the Department and the Counselors that came out were very, very helpful to me and other staff. I should mention that I'm appreciative of the teachers at the residential school who also were with me on many, many things over the years. Not just academic things, but outside academia; some of the other things we did at school...some of the personal things that they would instill in you as a young person and being away from home. So, I appreciate that very much, too, without missing people.

I appreciate all the help that I had early on in my job. All the people who were instrumental in working with my hiring at the VA in Iowa City, and then when I transferred in 1984 to Des Moines. That was amazing, to think that I could transfer and make that transfer.

And, then the friends I've made over the years, both in Iowa City and in Des Moines and keeping close with them. I appreciate that, too, and their assistance at work. It was a team effort always in the Transcription Unit. I think it's a team effort by everyone. I've had a good experience over the forty years that I worked.

I think while I could have, maybe, done something without going to the Commission, certainly my life and

everyone around me. I believe that the quality of my life over the years was enhanced by my being able to have the opportunities and the philosophical approach to blindness, and feeling comfortable about myself. That means so much. I wish all states could have that.

And, I worked to that end in organizing blind movements. Over the years we've been active in those. So, it's just...You just want to try to wish everyone could have the same opportunities we've had in Iowa. Certainly, it's very obvious that Iowa's program is the highest when you visit with other people and meet other blind people and talk with them on the Internet, even overseas and everything. It's just very obvious that we have an excellent program here. I thank you for the opportunity to give an oral history.

Duvall: All right.

1:41:54

(End of Interview)

Deb Brix

August 29, 2011